

*Michigan Department
of Community Health*



**REQUEST FOR PROPOSALS
FOR
INNOVATIONS IN LONG TERM CARE**

Issued by:

Michigan Department of Community Health
Long Term Care Initiative
6th Floor, 320 S. Walnut
Lansing, MI 48913
Phone: (517) 241-2112
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Proposals Due December 20, 2000
Signed Original and Eight (8) copies Required

John Engler, Governor

James K. Haveman, Jr., Director, Michigan Department of Community Health

October 3, 2000

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
LONG TERM CARE INNOVATIONS
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SECTION I – Introduction, Terms and Conditions

Background and Purpose

Significant increases in life expectancy, a growing elderly population, and advances in medical technology are setting the stage for long term care challenges in the 21st century for Michigan and the rest of the nation. It is imperative that Michigan plan for the future of long term care in order to meet the needs of future generations who will depend upon public resources for some or all of their care.

In March 1999, the Michigan Long Term Care Work Group began work to address this issue. The Work Group comprises two Senators, two members of the House of Representatives and four officials of the Michigan Department of Community Health, and is chaired by James K. Haveman, Jr., Director of the Department. Over the last 18 months, the Work Group has received input from a broad range of people involved in the long term care (LTC) system who share their vision for an improved system. The work group has adopted a set of guiding principles for its work in redesigning the LTC system and from input received, has identified key themes for its deliberations. These guiding principles and the key themes provide the framework for the recommendations of the Work Group as well as the content and focus of this request for proposal (RFP).

The Work Group released its Report and Recommendations in July 2000. Included were recommendations in the areas of quality of life and quality of care, personal responsibility, living independently, eligibility, nursing homes of the future, and organized systems of care. These recommendations are expected to make incremental improvements in Michigan's LTC programs and services. The report recommends the establishment of four different LTC models as a means of providing integrated and coordinated services to eligible individuals. It also identified four groupings of individuals who need LTC: adults with disabilities, older adults who are frail, people with Alzheimer's disease and related dementias and people at the end of life.

In recognition of the need to foster the development of LTC innovations as envisioned by the Work Group, the Michigan Legislature appropriated \$10 million one-time funding in Tobacco Settlement funds to support program development. This RFP outlines the competitive process for allocation of \$7.4 million. The remaining funds have been reserved for start-up and evaluation activities to implement the models described in the Long Term Care Work Group Report, and to conduct projects already approved by the Work Group.

This RFP is for LTC Innovations Funds only. A separate RFP process will be used to implement the integrated system models described in the LTC Work Group Report. Entities interested in becoming one of the model systems may submit proposals under this Innovations RFP however; it is not necessary to submit an application for this initiative in order to be eligible to respond to a later RFP for implementing the models. Similarly, a successful proposal funded through this Innovations RFP, is not assured of being selected as a model in a later RFP process.

The Long Term Care Work Group outlined a plan for distribution of the LTC Innovations funds. The purpose of this RFP process is to address issues and implement recommendations included in the Long Term Care Work Group Report. One-time-only awards will be made to projects that demonstrate:

- 1) *a person-centered approach to meeting the needs of individuals receiving LTC services in community and residential settings;*
- 2) *a high degree of innovation and collaboration; and*
- 3) *a commitment to improving access to care, the quality of care, and the quality of life.*
- 4) *Successful proposals will also demonstrate:*
 - Adherence to, and reflection of, the guiding principles established by the Long Term Care Work Group
 - Demonstrated relationship to the current challenges established by the Long Term Care Work Group
 - Relationship to one or more of the models described in the Long Term Care Work Group Report
 - Potential for sustainability over time
 - Potential for broader application and integration into LTC reform

Availability of Funds

The Michigan Department of Community Health (MDCH) has \$7.4 million available in one-time-only Tobacco Settlement Funds for Long Term Care Innovations. These funds are to be distributed through grants in a single Request for Proposal (RFP) process. **The maximum amount any grantee may receive is a total of \$300,000 over a period of three years.** It is expected that the average award will range from \$100,000 to \$150,000 over a period of three years. Awards above the maximum may be considered for exemplary, collaborative proposals with high potential for replication and leveraging of other resources. Applicants may submit a proposal under one or more of the funding categories described in this RFP. A separate proposal must be submitted for each funding category. Mini-grant proposals at \$50,000 or less are encouraged.

LTC Innovation funds may not be used for: (1) costs associated with installing or constructing telecommunication transmission facilities; (2) projects whose sole objective is to provide links between professionals who are located at the same facility; (3) site development or the destruction, major remodeling or alteration of buildings; (4) purchase of land, buildings or building construction; or any project, when success of the project is dependent upon the receipt of other funding that is not assured.

Eligible Applicants

Organizations deemed eligible to apply for Long Term Care Innovations funding include any agency, organization, trade association, or educational institution including, but not limited to: community-based programs, residential care programs, nursing homes, assisted living programs, area agencies on aging, centers for independent living, local public health departments, aging network organizations, disability network organizations, local community mental health organizations, multi-purpose collaborative bodies, social service organizations, tribal councils, colleges, universities, associations and any other public or private organization concerned with improving the delivery of long term care.

Issuing Office

This RFP is issued by the Michigan Department of Community Health - Long Term Care Initiative, hereafter known as the Department. The issuing office is the sole point of contact for organizations who are considering preparing responses to the RFP.

Grantee Responsibilities

The primary contractor will be required to assume responsibility for all contractual activities offered in the proposal whether or not that contractor performs them. If any part of the work is to be subcontracted, responses to the RFP must include a list of subcontractors including the firm name and address, the name of the contact person, a complete description of the work to be subcontracted, and information concerning the subcontractor's organization and abilities, and a letter of commitment from the subcontractor. The state will consider the selected grantee to be the sole point of contact with regard to grant matters, including payment of any and all charges resulting from the grant award.

Disclosure of Proposal Contents

All information in an applicant's proposal is subject to disclosure under the provisions of Public Act No. 442 of 1976, known as the "Freedom of Information Act." This act also provides for the disclosure of contracts and attachments thereto.

Awards

Any grant funds received by the grantee but not spent for the specific purposes of the grant must be returned to MDCH. In submitting the grant application, the applicant assures that grant funds will only be used for the intended grant purpose. Award(s) will be made to bidders who most successfully meet the criteria of the RFP, up to the total amount of grant funds available within the funding levels stipulated.

Contract Manager

The Department has identified Irene Kazieczko, Director for Service Innovation and Consultation, Bureau of Quality Management and Service Planning, Mental Health and Substance Abuse Services, as the Contract Manager for all executed agreements resulting from this RFP. The Contract Manager will administer the agreements on a daily basis. However, the Contract Manager is not authorized to modify, amend, or otherwise alter the budgets, terms, conditions, and specifications of the agreement. The authority to modify, amend, and alter is retained by the Michigan Department of Community Health.

Project Reports and Records

The Contractor will be required to maintain adequate program and fiscal records and files, including source program activities and expenditures. Upon reasonable notification and at reasonable times, authorized representatives of the Department and/or federal auditors must be permitted to review all records of the Contractor and its subcontractors and recipients to satisfy audit and monitoring purposes. Such records must be maintained for a period of not less than three (3) years from the date of termination, the date of submission of the final expenditure report or until audit findings have been resolved.

Projects must report to the Contract Manager quarterly, giving reports of expenditures as well as narrative project progress reports. Such reports will be due 30 days after the end of the quarter being reported.

Cost Liability

The Department assumes no responsibility or liability for costs incurred by the Contractor prior to the signing of any agreement resulting from this RFP. Total liability of the Department is limited to the terms and conditions of this RFP and any resulting agreement.

Liability

All liability, loss or damage as a result of claims, demands, costs or judgments arising out of activities to be carried out by the Contractor in the performance of the contract shall be the responsibility of the Contractor, and not the responsibility of the Department, if the liability, loss or damage is caused by or arises out of the actions or failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor, provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Contractor by statute or court decisions.

All liability to third parties, loss or damage as a result of claims, demands, costs or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by the Department in the performance of this agreement shall be the responsibility of the Department, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any Department employee or agent, provided that nothing herein shall be construed as a waiver of any governmental immunity by the State, its agencies (the Department) or employees as provided by statute or court decisions.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the contractor and the Department in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the contractor and the Department in relation to each party's responsibilities under these joint activities, provided that nothing herein shall be construed as a waiver of any governmental immunity by the Contractor, the State, its agencies (the Department) or their employees, respectively, as provided by statute or court decisions.

Termination

The agreement resulting from this RFP is in full force and effect for the period specified in the agreement. This agreement may be terminated in accordance with the following:

1. This agreement may be terminated by either party by giving sixty (60) days written notice to the other party stating the reasons for termination and the effective date.
2. This agreement may be terminated on thirty (30) days prior written notice upon the failure of either party to carry out the terms and conditions of this agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the thirty (30) day period.
3. This agreement may be terminated immediately without further liability to the state, the Department and employees if the Contractor or an official of the Contractor or an owner is convicted of any activity considered as debarment or suspension.
4. The state of Michigan will own all products produced during the project period.

Minority/Women/Handicapper Subcontracting

Assurance is given to the Department by the Contractor that efforts will be made to identify and encourage the participation of minority owned, women owned, and handicapper owned businesses in contract solicitations. The Contractor shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority-owned, women-owned, and handicapper-owned businesses in subcontracting; and (2) making discrimination a material breach of contract.

Grant Payment Distribution

Financial Status Reports (FSR), which reflect actual program expenditures, shall be prepared and submitted for payment to the Department's Accounting Office on a quarterly basis (within 15 days after the end of the quarter).

Definitions

Programs listed in this definitions section are not exclusive of other innovative approaches to long term care. Applicants are encouraged to seek out and identify practices that foster the principles of the Long Term Care Work Group and consider them in preparation of their application to this RFP. Contact information provided is for program information only.

Collaboration - the act of exchanging information, modifying activities, sharing resources and enhancing the capacity of another for mutual benefit and to achieve a common purpose.

CENA - “Competency Evaluated Nurse Aid” is a nurse aid in the state of Michigan who has successfully completed the nurse aid training program and is placed on the Michigan Nurse Aid Registry.

Community - individuals with shared affinity, and perhaps a shared geographical area, which organize around an issue, with collective discussion, decision making and action.

Coordination - the act of exchanging information and modifying activities for mutual benefit.

Eden Alternative™ Programs - The Eden philosophy promotes cultural change that shifts hierarchical authority to a team approach to care, where decisions are made by the resident or as close to the resident as possible. The Eden Alternative™ teaches that long term care facilities should be human habitats filled with opportunities for companionship, and connected to the living world of plants, animals, and children. These profound changes also help improve the workplace and enrich work life for staff.

In Michigan, the BEAM (Bringing the Eden Alternative to Michigan) coalition is the designated authority for training new Eden Associates, approving entry to the Eden Alternative Registry and assisting facilities in their Eden Journey. The BEAM coordinator is Susan Dean, who can be reached at 517-373-4065. Email: susan_dean@state.mi.us.

Gentlecare™ - is a revolutionary approach aimed at changing the experience of Alzheimer’s Disease in a positive way. The Gentlecare Lifecare Prosthetic System offers support in living to the individual with the disease, and knowledge, skills and support for family and professional care providers. The approach emphasizes the need for everyone involved in the care of the person, regardless of function or job description to accept and value the dignity and worth of the person with dementia. Caregivers are further expected to contribute to the creation of a prosthetic environment free of physical restraint that provides the person with dementia the support needed to make up for the progressive loss of functions resulting from a dementing illness. The developer of Gentlecare is Moyra Jones, 8264 Burnlake Drive, Burnbary, British Columbia V5A 3K9, Canada. Website: www.Gentlecare.com. Phone (604) 421-1680. Fax (604) 421-1753

Grantee - is an entity to which a grant is awarded and which is responsible and accountable for the use of the funds provided for the project.

Innovation - is broadly defined to include new projects or the enhancement, or improvement of existing programs or services.

Letter of Collaboration - is a document submitted by community organizations or members demonstrating understanding and detailing the level of support and activity that will be provided to meet the goals of the project.

Mini-grant Proposal - is a proposal which is smaller in scope and more time-limited, thus requiring fewer resources. All elements of the RFP must be addressed. However, it is assumed that the proposal will not be as lengthy as those that request higher amounts of funding.

NAGNA - is the National Association of Geriatric Nursing Assistants, a professional association of certified nursing assistants. The purpose of NAGNA is

- to recognize professionally the quality people who give of themselves to meet the needs of the residents for which they provide care, bringing within the medical community and society as a whole the honor and dignity the CNA profession deserves.
- to bring an end to the rapidly growing shortage of Nursing Assistants in this country, by recruiting quality individuals to join in long term care.

Contact NAGNA at 417-623-6049. Email: info@nagna.org.

Person-Centered Care - is long term care that supports the individual receiving services, builds upon the individual's capacity to engage in activities that promote community life and honors the individual's preferences, choices, and abilities. Person-centered care is based on a planning process that involves families, friends, and professionals as the individual desires or requires.

Person-Centered Plan - is a highly individualized process designed to respond to the expressed needs/desires of the individual. Values of person-centered planning include:

- Each individual has strengths, and the ability to express preferences and to make choices.
- The individual's choices and preferences shall always be considered if not always granted.
- Professionally trained staff will play a role in the planning and delivery of services and may play a role in the planning and delivery of supports. Their involvement occurs if the individual has expressed or demonstrated a need that could be met by professional intervention.
- Treatment and supports identified through the process shall be provided in environments that promote maximum independence, community connections and quality of life.
- A person's cultural background shall be recognized and valued in the decision-making process.
- Throughout the person-centered planning process individuals have ongoing opportunities to express his/her needs or desired outcomes.
- Potential support and/or treatment options to meet the expressed needs of the individual are identified and discussed with the individual.
- The individual shall be given ongoing opportunities to express his/her preferences and to make choices.
- Individuals are provided with opportunities to provide feedback on how they feel about the service, support and/or treatment they are receiving and their progress toward attaining valued outcomes.

Project - refers to all proposed activities specified in some grant applications as approved for funding.

Project director - is an individual designated by the grantee entity to direct the project or program being supported by the grant. The project director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to the department for the performance and financial aspects of the grant-supported activity. The Project Director must be employed by or under contract to the grantee organization. If the Project Director is under contract to the grantee, the contractual agreement must be explained.

Prosthetic Environment - single or multiple environmental modifications which assist the individual to function at the highest possible level.

Self -Directed Care - is care based on the principles of self-determination. Self-determination incorporates a set of concepts and values which underscore a core belief that people who require long term care services should be able to define what they need in terms of the life they seek, should have access to meaningful choices, and control over their lives. Self-determination is based in four principles. These are:

- **FREEDOM:** The ability for individuals, with assistance from their allies (chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program;
- **AUTHORITY:** The assurance for a person to control a certain sum of dollars in order to purchase these supports, with the backing of their allies, as needed;
- **SUPPORT:** The arranging of resources and personnel -- both formal and informal -- so to assist the person to live their desired life in the community, rich in community associations and contributions, and;
- **RESPONSIBILITY:** The acceptance of a valued role by the person, in their community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in ways that are life-enhancing.

A hallmark of self-determination for this long term care initiative is assuring a person the opportunity to direct resources that are available to them through a person-centered planning process. The person, together with their allies controls the use of the resources in their individual budget, determining for themselves which services and supports they will purchase from whom, and under what circumstances.

Information about the self-determination movement is available from the RWJ Self Determination Program at: <http://www.self-determination.org>

SECTION II – Application

Application Process

1. A notification of intent to bid was mailed to more than 2,000 organizations and individuals involved in long term care who received Michigan's Long Term Care Work Group Report and Recommendations: Long Term Care Innovations Challenges and Solutions, June 2000. The notification of intent to bid was also posted on the Department's web site.
2. Those parties interested in receiving a copy of the Long Term Care Innovations RFP were instructed to complete the Notification of Intent to Bid form and return it to the Long Term Care Innovations Project, MDCH, by 5:00 p.m., September 15, 2000. Parties that did not reply to the Intent to Bid may still submit applications in response to this RFP.
3. From the Notification of Intent to Bids, a RFP mailing list was constructed.
4. Copies of the Long Term Care RFP were mailed to prospective bidders on October 3, 2000. Additional copies of the RFP may be requested by contacting: MDCH - Long Term Care Initiative or by downloading it from the Department of Community Health's website at:
<http://www.mdch.state.mi.us>
5. The Department will not respond to telephone inquiries or visits by bidders or their representatives. All questions are to be put in writing. The Long Term Care Initiative staff will respond in writing to all interested parties who have been sent this RFP. Questions and answers will also be posted on the Department's website. Questions concerning the specifications contained herein are to be submitted, in writing, not later than October 20, 2000 to:

MDCH Long Term Care Initiative
Irene Kazieczko, Director for Service Innovation and Consultation
Lewis Cass Building, 6th Floor
320 S. Walnut Street
Lansing, MI 48913

Questions may also be submitted via facsimile to 517-241-2961 or e-mail to: kazieczko@state.mi.us.

6. There will be no pre-bid meeting. Questions concerning the specifications contained herein are to be submitted, in writing, not later than October 20, 2000 as noted in number 5 above and in Attachment A to this RFP.
7. Applicants are responsible for timely receipt of their proposal. Completed applications, including one original plus eight (8) copies, are due no later than **5:00 p.m., December 20, 2000**.
PROPOSALS RECEIVED AFTER THIS DATE AND TIME WILL NOT BE CONSIDERED.
E-MAIL OR FAX RESPONSES WILL NOT BE ACCEPTED.

Submit applications to:

MDCH Long Term Care Initiative
Lewis Cass Building, 6th Floor
320 S. Walnut Street
Lansing, MI 48913
Attention: Irene Kazieczko

8. All applications will be reviewed and evaluated as described in Section IV Statement of Work in this RFP.
9. All applicants will be notified by March 2001 of the results of the selection process. Awards are contingent on the availability of funds. **Funds may not supplant any federal, state or local funds.** The proposal period is the date of the award through a maximum, **three-year period**. The number of grants to be awarded will be determined by the number of proposals selected and the amount of funds requested.

Application Requirements - See Attachment B for the Proposal Checklist

All respondents to this RFP should review and incorporate information in Michigan's Long Term Care Work Group Report and Recommendations: Long Term Care Innovations Challenges and Solutions, June 2000. The report is available on the Department of Community Health's website at:

<http://www.mdch.state.mi.us>

or by contacting Trudy Frick at 517-241-2112 or e-mail at: frickt@state.mi.us.

To be considered, applicants must submit a complete response to this RFP following the format described within this document. Proposals which do not follow the format may be rejected.

Each proposal should be prepared simply and economically, providing a straightforward, concise description of the bidder's ability to meet the requirements of the RFP. Colored displays, promotional material, etc., will receive no evaluation credit. Emphasis should be on completeness and clarity of content.

Proposals must be prepared on single sided, white, 8.5 x 11-inch paper with at least a .75 inch margin. Proposals must be single spaced, and use at least a 12 point font. Two (2) budget forms for each twelve-month period of the project must be attached. Proposals must be **unbound**. Each proposal will include:

1. **Proposal Identification Page** – include the Project Title, Applicant Agency (including address, phone and fax numbers), amount of LTC Innovations funds requested, date submitted, federal identification number, grant period, and contact person including address, phone number and email. See Attachment C of this RFP for the Proposal Identification Page Format.
2. **Executive Summary** – include a short narrative about the project(s).
3. **Table of Contents** – number all pages sequentially, including the budget.

4. **Project Narrative** (Specific Guidance for the project narrative for each initiative is provided in Section IV of this RFP.)
 - a. Needs Statement
 - b. Project Description and Work Plan
 - c. Organizational Capability
 - d. Collaboration
 - e. Matching Funds
 - f. Project Sustainability
 - g. Measurable Outcomes and Evaluation
 - h. Budget Narrative
5. **Budget Forms**

One set of DCH Budget forms: DCH-0385 and DCH- 0386 for each 12-month period of the project, as described in Attachment D of this RFP.
6. **Appendices for Subsections a-h** (include additional information as requested in Section IV, Statement of Work under Project Narrative.)

Grantee Identification of RFP

An official authorized to bind the applicant organization to its provisions must sign the original proposal in ink. The contents of the proposal of the successful grantee(s) may become contractual obligations. Failure of the successful grantee(s) to accept these obligations may result in cancellation of the award.

Review Process:

The projects will be selected on the basis of a competitive bid process, and will be administered by the MDCH. All applications received by the **December 20, 2000** deadline, will be awarded points based on how well they were able to meet the Review Criteria described in this RFP.

A Project Review Team will be designated by the Department to conduct the review of the project applications. The team of reviewers will be a broadly represented team of experts. Project awards will be based upon their reviews and evaluations. Final decisions will be made by the Department.

SECTION III - Guiding Principles, Description of Target Populations, Problems and Themes to Address With Long Term Care Innovations Funding

A. Guiding Principles

Respondents to this RFP must incorporate the guiding principles of the Long Term Care Workgroup. These principles were developed as a response to the list of problems identified and are the basis for planning, recommendations, implementation, monitoring, and evaluation of all reform efforts. These principles need to be understood and incorporated as critical operational parameters. They are at the heart of all recommendations, as they speak to a profound belief about the value, dignity and contribution of all the citizens of this state, especially and particularly including those individuals with long term care needs and their families. The Guiding Principles are:

1. Consumer-Directed Independence and Informed Consumer Choice

- Actively involve consumers in need identification, care planning, and collaboration on necessary supports.
- Enable consumers to make informed choices about their care options through enhanced education and screening.
- Offer choices that emphasize the consumer's dignity, independence, and quality of life and truly reflect the principles of person-centered planning.
- Assist consumers in understanding, selecting, and using organized community long term care systems.

2. Access

- Improve medical eligibility determination and enrollment so that it is easily accessible, simple and user-friendly. This includes the concept of no wrong door.
- Inform citizens about their long term care options, how to access services, the complaint and grievance procedure, and their rights under the law.

3. Quality of Care, Quality of Life

Preserve and enhance the quality of life for those needing long term care by:

- Promoting the ability of individuals to live in the settings of their choice with appropriate services and supports.
- Monitoring the quality and performance of long term care providers and provide feedback to encourage continuous quality improvement
- Regularly seeking consumer input to evaluate the quality of care and the impact it has had on the quality of their life.
- Supporting consumer report cards - consumer satisfaction, quality, and outcomes for all long term care service options.

4. Family and Personal Responsibility

- Support and build the network of family and other informal caregivers in assisting persons with long term care needs.
- Encourage private and public partnerships to finance long term care services.
- Create positive models for public emulation of expanded use of private long term care insurance.

5. Cost Effectiveness

- Use the state's health care dollars to maximize consumer preferences while slowing future budget growth.
- Use care management and financing strategies to avoid unnecessary expensive care options.
- Coordinate benefits and financing with Medicare, private insurance, and private consumer resources.
- Minimize inappropriate cost shifting and cost avoidance.
- Match state resources with personal resources based on a person-centered plan and assessment of each individual's functional capacity.
- To create an integrated long term system of care that improves access, choice, quality of care, quality of life, and contains cost.

B. Target Population Groups

Each individual's needs are unique. However the population of adults with disabilities and people who are elderly can generally be divided into four primary groups. There are commonalties in their need for supports and services. However, there are also distinct differences in these groups. The four groups are adults with physical disabilities, older persons who are frail, people with Alzheimer's or related dementias, and people who are at the end of life. Each proposal for this RFP must describe the target population(s) for the project from the population groups described below:

1. Adults with Disabilities

In Michigan this is the fastest growing group of people who qualify for long term care and supports through the Medicaid program. At the end of FY 99, 20% of people enrolled in the home and community-based waiver program for the elderly and disabled were under the age of 65.

This population has often become trapped in nursing homes due to some breakdown in their community living situation. People who are younger are often interested in employment options even though they will need ongoing supports and services. Assistive technologies are critically important to support these individuals in being as independent as possible. Some may require personal care assistants as well. In general, this is a group of people who tend to be more interested in self-managing and directing their care. They also have an interest in being actively involved in work, school and/or community activities. The duration of support for adults with disabilities is often life-long.

2. People with Alzheimer's and Other Dementia Disorders

According to experts at the University of Michigan there are 162,000 people in Michigan with Alzheimer's disease. If individuals with related dementias such as Vascular Dementia, Dementia with Lewy Bodies, and Dementia associated with Parkinson's Disease or Huntington's Disease and other related dementias are

added to this total, the number of individuals in Michigan affected by a dementia disorder is 250,000. Research has demonstrated that nearly 50 percent of those receiving nursing home care have Alzheimer's disease and two-thirds have some form of dementia.

Everyone with Alzheimer's disease will require long term care. On average, Alzheimer's disease lasts 10 years but it may last considerably longer. Families provide most long term care for individuals with Alzheimer's disease at home. However, after eight years of symptoms, a majority need out-of-home care of some kind. Providing supports to families has a direct impact on the length of time they are able to provide care for individuals with Alzheimer's and related disorders at home. It is important that the coordinated service delivery system models have the capacity to recognize and treat Alzheimer's disease early and provide supports to family care-givers.

There are effective drug, environmental, and social interventions that can delay the need for out-of-home care for people with Alzheimer's disease or a related dementia. This makes early identification and intervention very important. It is also important to acknowledge that some people with Alzheimer's disease and related dementia present significant problem behaviors in long term care facilities. Special intervention is needed to provide proper diagnosis and assessment in order to prescribe appropriate and effective interventions or environments with staff skilled to provide person-centered care.

3. Older Adults Who Are Frail

Older people who do not have Alzheimer's or dementia disorders, but who need assistance with activities of daily living and/or have significant healthcare needs is the third group of people included in long term care. Understanding the needs and desires of this group is essential as well. Since they do not have cognitive impairments, people in this group are better able to participate directly in the development of their plan of service and to directly represent their goals and desires. It is also important to recognize the need for social supports along with medical care for this group as they often live by themselves and can be isolated from interactions with others.

4. People at the End of Life

Fewer people die today in acute care facilities. This trend will continue as people with incurable diseases increasingly choose to die at home, and as nursing homes and other long term care facilities lower their rates of hospital transfer for residents. There is a growing tendency for individuals and their families to choose a peaceful death "at home" rather than in an acute care facility.

Early identification of people who are at the end of life and linkage with hospice and palliative care is important. The recent report of the "Michigan Cancer Control Initiative Action Planning Group" noted:

"Cancer is the second leading cause of death in Michigan. . . . but the general perception of the hospice community and related medical professionals is that the number of these patients who receive comprehensive end-of-life care—management of pain and other physical symptoms, along with a range of psychosocial and spiritual support services for patients and families—is far less than the number that could benefit from such treatment. National statistics kept by the National Hospice Organization indicate that only 25-30 percent of cancer patients use hospice." People with cancer are not the only people who can benefit from earlier linkages to hospice and palliative care. Many people with chronic diseases, including such conditions as Alzheimer's and multiple sclerosis, would benefit as well.

C. Problems

Current challenges of the system were outlined in the Work Group Report and include:

Long term care is based on a medical model that focuses on treatment, not prevention.

- The system is not outcome oriented.
- Financing is unnecessarily tied to the treatment setting or service.
- Community-based planning for care is lacking.
- People receiving LTC are segregated and isolated from their communities.
- Quality-of-care and quality-of-life outcomes are unclear.
- Supports for families, who provide the majority of long term care, are not routinely available.

Long term care is not consumer driven.

- Consumers are not provided the information to make informed choices.
- Consumer choice is limited.
- Consumers do not plan for their possible need for long term care services.

A single point of entry is lacking.

- Present long term care arrangements lack a single point of entry.
- Access to services is fragmented.

Not all services are integrated into coordinated systems of care.

- Evaluation and assessment are neither comprehensive nor integrated across care settings.
- There are gaps in the long term care services available.

There aren't incentives for the planning and use of private resources.

Dual public funding streams (Medicaid and Medicare) create confusion and impede efficiency.

Financial and regulatory obstacles may hamper change and progress.

D. Themes

A consistent set of themes emerged from the input received by the work group. Following is a summary of those themes:

- Quality of life/quality of care considerations need to be included in any future plans.
- Personal responsibility - few people are prepared to handle the expense of long term care.

- Living independently - the services people are eligible to receive often depend on where they live.
- Financial eligibility - current financing is complicated, eligibility is confusing and there is a need to better coordinate Medicare and Medicaid.
- Licensure and regulation - the nursing home industry feels over-regulated without a corresponding impact on quality.
- No organized system of care - the present service delivery system is a collection of separate pieces. There is no front door to the system, no uniform assessment of need and no seamless transition from one treatment setting to another.
- Family support is necessary to assure families can carry out their long term care commitments and responsibilities to care for their loved ones.

Section IV – Statement of Work

A. Long Term Care Staff Development and Training

Under this initiative, available funding will support development of innovative staff retention programs in community as well as residential programs.

1. Background

Recruitment and retention of a competent pool of workers to provide long term care is a growing concern. A comprehensive range of initiatives is needed to create and sustain a pool of direct care workers across all long term care settings. It is important to recognize that there is a broad range of institutions and agencies delivering services who employ the same direct care staff, primarily nurses and aides. This includes the areas of home health and personal care, hospice, mental health group homes, adult foster care, assisted living, homes for the aged, nursing homes, and hospitals. In addition, individual health care consumers, including those who choose to self-direct their care, need an easier way to find qualified, competent direct care workers.

According to the U.S. Bureau of Labor Statistics, over the next decade 600,000 additional direct care workers will be required to meet the needs of a growing population of people who need long term care services. In Michigan, this translates into the need for an additional 24,500 direct care workers. This represents a 32 percent increase in the number of new workers required.

Problems retaining staff are also significant. The Health Care Association of Michigan reports the turnover rate for aides in nursing homes in 1996 was 75 percent. Research indicates that the cost of replacing a direct care staff member averages \$3,000. Turnover costs include nursing pool costs, overtime wages, extra staff time to cover for employee training, employment advertising, and interviewing.

This problem is not unique to nursing homes. All sectors of the long term care delivery system, including home health, hospice and others, have significant problems both recruiting and retaining direct care workers and meeting the needs of individual consumers. Comprehensive steps are needed to successfully build a future pool of workers given the current shortage of direct care workers and the growth of the population needing services.

The causes of the problem are multiple. They include: low pay and poor benefits, lack of appreciation for the value of the work, high turnover (which causes short staffing), demanding working conditions and the element of risk involved, lack of control over work product, poor supervision, lack of a career path, an increasing acuity rate of those needing care, and a tight labor market. These factors are closely intertwined.

2. Program Description

Long Term Care Innovation Funds are targeted at projects including, but not limited to, the following:

- Eden Programs and membership in the National Association of Geriatric Nursing Assistants
- Identification of best practices for attracting and retaining direct care staff
- Creating the capacity to develop collaborative efforts between colleges, community colleges, Department of Career Development, Department of Community Health, Department of Consumer and Industry Services, and long term care providers to undertake a recruitment campaign aimed at creating a future pool of direct care workers for long term care
- Collaborative training programs for paid and family caregivers in all components of the long term care system aimed at improving the care of individuals who display behaviors that are viewed as disruptive or abusive and difficult to manage
- Opportunities for direct care workers, managers, and administrators who work in long term care to improve the workplace and enrich work life for all
- Developing skills staff need to assist consumers in the long term care system to achieve and maintain a better quality of life
- Revising the Competency Evaluated Nurse Aid (CENA) Training Program

3. Funding Available for this Initiative

Staff Development and Training : \$1,675,000.

4. Project Narrative

5 points

a. Needs Statement (up to 2 pages)

The needs statement is a concise, descriptive statement of the problem(s) and identification of the needs to be addressed by the project. The needs statement should describe the long term care population(s) targeted service area and current status. Applicants should describe existing capacities and activities, relationships and the level of coordination that currently exists. Applicants may wish to include a map of the service area in Appendix A, pinpointing the location of service areas and service providers.

Review Criteria: Does the needs statement demonstrate a relationship to the current challenges established by the Long Term Care Work Group? Has a description of the community, including demographic information been included? Have the service area and target population(s) been described? Do formal or informal relationships exist between the various stakeholders? Have educational needs been documented, including number and training level of personnel? Has a map of the target area been included. Have efforts to coordinate educational activities been tried? If so, were they successful? What barriers exist to coordination?

b. Project Description and Work Plan (up to 8 pages)

25 points

This section should discuss the overall goals and objectives of the project and specific activities that will be undertaken using the funds requested in the application. Applicants should describe what the project will do, who will be doing it, who will be in charge and how the activities contribute to the overall project goals. They should also describe how the project is intended to meet the identified need(s) and how it will improve the long term care system. Applicants must include a work plan that states the project's goals, objectives,

tasks, staff assigned, hours or level of effort required, and anticipated completion dates in Appendix B. The project goal(s) should be a broad statement of purpose. Project objectives should be time-limited and measurable. Project activities should indicate who will carry them out, as well as the time frame in which they will occur.

Review Criteria: Are the project goals clear? Are the objectives measurable? Does the project incorporate a person-centered approach to meeting the needs of individuals receiving long term care services in community and residential settings? Does the project indicate which population group(s) of individuals needing long term care are targeted? Does the project include a high degree of innovation? Is there a commitment to improving access to care, the quality of care and quality of life? Does the approach proposed adhere to the guiding principles established by the Long Term Care Work Group? Does the project have potential for broader application and integration into long term care reform? Have associated time frames been included? Does the project address the identified need? Does the project improve the LTC system? How?

c. Organizational Capability (up to 3 pages)

10 points

Applicants must describe the applicant organization's experience and capacity to carry out the project. Applicants should also include a brief discussion of the level of commitment in staff resources that will be needed, roles of key staff involved in the project, and describe staff responsible for overseeing the project. Applicants should include position descriptions and/or resumes of key personnel in Appendix C.

Review Criteria

What is the applicant organization's capacity to carry out the project? Will the activities be implemented by responsible parties? Have key staff been identified? Are position descriptions/biographical sketches included in the Appendix?

d. Collaboration (up to 2 pages)

15 Points

This section of the narrative should contain a thorough description of the relationships that have developed or will develop as a result of the project. Applicants should identify key partners, their role and responsibilities, as well as the benefits they will accrue from the project. Applicants should describe how LTC beneficiaries and their families participated in the development of this proposal and the roles they will play in its implementation. A list of partners should be included in Appendix D and letters of collaboration from consumers, long-term care providers and other stakeholders, should be included in Appendix E. Additionally, applicants should describe how the communities served will be involved in the project. Mechanisms for communicating information about the project with the community should be explained.

Review Criteria: Have key partnerships been identified? Has a list of partners and letters of collaboration (as defined in the definitions section of this RFP) from consumers, long-term care providers and other stakeholders been included? How are LTC beneficiaries, their families and communities involved in planning and implementing the project? How will they be kept informed about the project?

e. Matching Funds (1 page)

5 points

LTC Innovation funds may be used by eligible organizations to fund up to **80%** of approved purposes. **Matching contributions must fund at least 20% of the project.** For example, projects requesting \$20,000 in LTC Innovation funds must show a total budget of \$25,000. (\$20,000 LTC funds and \$5,000 in-kind or cash match.) State funds cannot be used as match contribution. The non-state match contribution may be in cash or in-kind, fairly evaluated, including plant, equipment or services. **In-direct**

costs have been limited to 2% of LTC funds. Remaining indirect costs may be used to reflect in-kind match. Applicants may use local appropriated dollars, public dollars provided by local government or other public entities and private donations as matching funds. **Applicants should also identify the project's fiduciary in this section.**

Review Criteria: Has the project identified a 20% match contribution? Is the source of these funds or in-kind services stable? For example: Is the contribution in the form of direct funds? In-kind contributions? Is the contribution in the form of a revenue source? Is the contribution dependent upon the success of another grant or project? Who is the fiduciary for the project?

f. Project Sustainability (up to 2 pages) 10 points

Applicants should describe the long-term impact of the project on the need(s) identified. Applicants should identify whether additional funding will be needed to support the project and its activities after LTC grant support ceases. If so, applicants should discuss what anticipated funding will be needed and what financing strategies will be pursued.

Review Criteria: For how long after the project concludes will the need(s) still be impacted? Is the project likely to increase the pool of workers and /or retain staff over time? Have post-grant funding issues been addressed? Will additional funds be needed to maintain or support the project after the grant period? From where will these funds come?

g. Outcome Measures and Evaluation Methods (up to 3 pages) 15 points

Applicants should discuss positive outcomes and any other measurable benefits that might be derived from the project in the form of project outcomes. Data resources and research questions should be included. Outcomes should describe the project's expected results in terms that are quantifiable and time-limited. In addition, the project should provide a narrative addressing how it will collect and analyze outcome information in a timely fashion, as well as describe why this information is a good predictor of success for the project. At a minimum applicants should be prepared to provide reports to DCH which will include: (1) quarterly progress reports on project implementation; (2) current challenges/problems; (3) demographic information regarding individuals served in the project; (4) type, amount and cost of services provided; and (5) outcomes of service.

Review Criteria: How do the proposed outcomes impact the identified need? How do the proposed outcomes relate to the work plan's goals and objectives? Are the proposed outcomes measurable? How will the information be collected? What kind of analysis will be performed? Will the information collected provide the outcome data suggested? Are the outcomes predictors of success? How do the outcomes further develop LTC reform as described in the LTC Work Group Report?

h. Budget Narrative (up to 3 pages) 15 points

(Include a budget narrative for each 12-month project period for up to a maximum of 36 months)

This section serves to identify: 1) the amount of the LTC funds requested; and 2) any cost sharing among partners. A budget narrative must also be included and should fully describe each line item, as well as the identified local match/resources. The source of the funds and how they will be used must be indicated. Include all revenues necessary to support the proposed project. Additionally, applicants should delineate how funds requested are aligned with the goals and objectives, personnel needs and other resources necessary to complete the activities of the project as detailed in the program narrative. Budgets should describe necessary resources for each 12-month project period for a maximum of 3 years.

Review Criteria: What is the financial feasibility of the project? Is the amount requested reasonable to achieve the proposed outcomes? Does cost sharing occur among partners? Are funds used in a manner that will support the achievement of the project's goals and objectives?

5. Appendices

Please attach the information requested in the Project Narrative:

- A. Map of the project area
- B. Project Work Plan
- C. Position descriptions and resumes of key personnel
- D. List of Partners
- E. Letters of Collaboration

Section IV – Statement of Work

B. Community Education Efforts

Available funding will support collaborative community education programs on successful aging such as replications of the Calvin College/Grand Rapids Community College Consortium on Successful Aging.

1. Background

Many communities and individuals in Michigan do not plan for future long term care needs because they have little information upon which to make an accurate assessment of their potential need for long term care services. They have even less information on the array of services and financing mechanisms available to meet those needs. If such information were made available, more people would make plans to meet their future needs. This assumption is supported by several studies related to retirement planning.

In 1998 the Department of Community Health in collaboration with the Office of Services to the Aging funded the “Grand/Kent Community Consortium on Successful Aging.” The community-wide project which is based on a Consortium agreement between Calvin College and Grand Rapids Community College together with local agencies involved in social, health, aging, and home adaptation as well as other service providers and stakeholders, is aimed at: (1) demonstrating a normative response to an aging community and the role of the aging and other networks in this response; (2) demonstrating and evaluating effective techniques, times, and materials to educate individuals of all ages and caregivers; (3) evaluating a prevention program focusing on an aging population; and (4) disseminating effective strategies to other areas of the state and the country who may wish to replicate the program. Project activities have included a series of cable television programs with a “call-in” capacity for questions and answers, training programs, outreach to community elders, public forums and conferences, and a “Roadmap on Successful Aging,”

A variety of manuals, print and media materials have been developed and are available for adaptation to other communities in Michigan. Applicants interested in replicating this program in their local areas should contact Trudie Frick at the Department of Community Health via e-mail at: frickt@state.mi.us or phone at (517) 241-2112, or Fax: (517) 241-3700 for a program information packet. The DCH also expects to conduct a comprehensive, statewide campaign through which additional materials will be available. Respondents to this initiative are expected to consult and collaborate with the DCH Office of Health Promotion and Communications if development of additional material is proposed as part of the project.

2. Program Description

Available funding will support collaborative community education programs on successful aging such as replications of the Calvin College/Grand Rapids Community College Consortium on Successful Aging

3. Funding Available for this Initiative

Community Education Efforts: \$375,000.

4. Project Narrative

a. Needs Statement (up to 2 pages)

5 points

The needs statement is a concise, descriptive statement of the problem(s) and identification of the needs to be addressed by the project. The needs statement should describe the long term care population(s) targeted, service area and current status. Applicants should describe existing capacities and activities, relationships and the level of coordination that currently exists. Applicants may wish to include a map of the service area in Appendix A, pinpointing the location of service areas and service providers.

Review Criteria: Does the needs statement demonstrate a relationship to the current challenges established by the Long Term Care Work Group? Has a description of the community, including demographic information been included? Have the service area and target population(s) been described? Have current community education efforts been described? Do formal or informal relationships exist between the various stakeholders? Has a map of the target area been included. Have efforts to coordinate educational activities been tried? If so, were they successful? What barriers exist to coordination?

b. Project Description and Work Plan (up to 8 pages)

30 points

This section should discuss the overall goals and objectives of the project and specific activities that will be undertaken using the funds requested in the application. Applicants should describe what the project will do, who will be doing it, who will be in charge and how the activities contribute to the overall project goals. They should also describe how the project is intended to meet the identified need(s) and how it will improve the long term care system.

Applicants must include a work plan that states the project's goals, objectives, tasks, staff assigned, hours or level of effort required, and anticipated completion dates in Appendix B. The project goal(s) should be a broad statement of purpose. Project objectives should be time-limited and measurable. Project activities should indicate who will carry them out, as well as the time frame in which they will occur.

Review Criteria: Are the project goals clear? Are the objectives measurable? Does the project incorporate a person-centered approach to meeting the needs of individuals, families and communities for planning for successful aging and providing long term care? Are target populations described? Does the project include a high degree of innovation? Is there a commitment to improving access to care, the quality of care and quality of life? Does the approach proposed adhere to the guiding principles established by the Long Term Care Work Group? Does the project have potential for broader application and integration into long term care reform? Have associated time frames been included? Does the project address the identified need? Does the project improve the LTC system? How?

c. Organizational Capability (up to 3 pages)

10 points

Applicants must describe the applicant organization's experience and capacity to carry out the project. Applicants should also include a brief discussion of the level of commitment in staff resources that will be needed, roles of key staff involved in the project, and describe staff responsible for overseeing the project. Applicants should include position descriptions and/or resumes of key personnel in Appendix C.

Review Criteria

What is the applicant organization's capacity to carry out the project? Will the activities be implemented by responsible parties? Have key staff been identified? Are position descriptions/biographical sketches included in the Appendix?

d. Collaboration (up to 2 pages)

15 points

This section of the narrative should contain a thorough description of the relationships that have developed or will develop as a result of the project. Applicants should identify key partners, their role and responsibilities, as well as the benefits they will accrue from the project. Applicants should describe how the community stakeholders, LTC beneficiaries and their families participated in the development of this proposal and the roles they will play in its implementation. A list of partners should be included in Appendix D and letters of collaboration from consumers, long-term care providers and other stakeholders, should be included in Appendix E. Mechanisms for communicating information about the project with the community should be explained.

Review Criteria: Have key partnerships been identified? Has a list of partners and letters of collaboration (as defined in the definitions section of this RFP) from consumers, long-term care providers and other stakeholders been included? How are LTC beneficiaries, their families and communities involved in planning and implementing the project? How will they be kept informed about the project?

e. Matching Funds (1 page)

5 points

LTC Innovation funds may be used by eligible organizations to fund up to **80%** of approved purposes. **Matching contributions must fund at least 20% of the project.** For example, projects requesting \$20,000 in LTC Innovation funds must show a total budget of \$25,000. (\$20,000 LTC funds and \$5,000 in-kind or cash match.) State funds cannot be used as match contribution. The non-state match contribution may be in cash or in-kind, fairly evaluated, including plant, equipment or services. **In-direct costs have been limited to 2% of LTC funds. Remaining indirect costs may be used to reflect in-kind match.** Applicants may use local appropriated dollars, public dollars provided by local government or other public entities and private donations as matching funds. **Applicants should also identify the project's fiduciary in this section.**

Review Criteria: Has the project identified a 20% match contribution? Is the source of these funds or in-kind services stable? For example: Is the contribution in the form of direct funds? In-kind contributions? Is the contribution in the form of a revenue source? Is the contribution dependent upon the success of another grant or project? Who is the fiduciary for the project?

f. Project Sustainability (up to 2 pages)

10 points

Applicants should describe the long-term impact of the project on the need(s) identified. Applicants should identify whether additional funding will be needed to support the project and its activities after LTC grant support ceases. If so, applicants should discuss what anticipated funding will be needed and what financing strategies will be pursued.

Review Criteria: For how long after the project concludes will the need(s) still be impacted? Is the project likely to increase the numbers of individuals and communities who are involved in planning for their future aging and possible LTC needs? Have post-grant funding issues been addressed? Will additional funds be needed to maintain or support the project after the grant period? From where will these funds come?

g. Outcome Measures and Evaluation Methods (up to 3 pages)

15 points

Applicants should discuss positive outcomes and any other measurable benefits that might be derived from the project in the form of project outcomes. Data resources and research questions should be included. Outcomes should describe the project's expected results in terms that are quantifiable and time-limited. In addition, the project should provide a narrative addressing how it will collect and analyze outcome information in a timely fashion, as well as describe why this information is a good predictor of success for the project. At a minimum applicants should be prepared to provide reports to DCH which will include: (1) quarterly progress reports on project implementation; (2) current challenges/problems; (3) demographic information regarding individuals served in the project; (4) type, amount and cost of services provided; (5) community development activities completed; and (6) outcomes of service.

Review Criteria: How do the proposed outcomes impact the identified need? How do the proposed outcomes relate to the work plan's goals and objectives? Are the proposed outcomes measurable? How will the information be collected? What kind of analysis will be performed? Will the information collected provide the outcome data suggested? Are the outcomes predictors of success? How do the outcomes further develop LTC reform as described in the LTC Work Group Report?

h. Budget Narrative (up to 3 pages)

15 points

(Include a budget narrative for each 12-month project period for up to a maximum of 36 months)

This section serves to identify: 1) the amount of the LTC funds requested; and 2) any cost sharing among partners. A budget narrative must also be included and should fully describe each line item, as well as the identified local match/resources. The source of the funds and how they will be used must be indicated. Include all revenues necessary to support the proposed project. Additionally, applicants should delineate how funds requested are aligned with the goals and objectives, personnel needs and other resources necessary to complete the activities of the project as detailed in the program narrative. Budgets should describe necessary resources for each 12-month project period for a maximum of 3 years.

Review Criteria: What is the financial feasibility of the project? Is the amount requested reasonable to achieve the proposed outcomes? Does cost sharing occur among partners? Are funds used in a manner that will support the achievement of the project's goals and objectives?

5. Appendices

Please attach the information requested in the Project Narrative:

- A. Map of the project area
- B. Project Work Plan
- C. Position descriptions and resumes of key personnel
- D. List of Partners
- E. Letters of Collaboration

Section IV – Statement of Work

C. Innovative Projects for Individuals Who Are Elderly and for Adults With Disabilities

1. Background

Respondents to this portion of the RFP are encouraged to propose long term care innovation projects that address any of the problems noted in the work group report and to implement activities that promote the vision of the work group. The overriding objective in everything proposed or recommended in the Long Term Care Group report is to improve quality of life and quality of care for people who need long term care. Efforts to do so need to be made in all settings. Capable and competent staff have a direct bearing on quality of care and consumer directed choices have a direct bearing on quality of life.

2. Program Description

The Long Term Care Work Group Report summarized information about current long term care challenges, successful approaches that should be expanded, and new initiatives to be developed. Highlighted in the report are current initiatives in Michigan and recommendations related to quality of life and quality of care, personal responsibility, living independently, financial eligibility, nursing homes of the future, and organized systems of care. Information about housing, support needs of individuals who display difficult behaviors, elder abuse, personal responsibility, community-based emergency services, family caregiving, and an outline of four proposed models to be developed in the new long term care system are included. Respondents to this RFP initiative are encouraged to review the report and recommendations and to propose innovative programs that will implement the recommendations included in the report. Proposals are invited in areas including, but not limited to:

- Caregiver education, support and training
- Innovative efforts associated with the integrated service delivery models
- Efforts to enhance access to affordable housing for individuals who are elderly and adults with disabilities who need long term care and desire a community setting
- Projects which promote personal responsibility and/or public private partnerships
- Innovative uses of technology
- Increasing access to and use of assistive technology
- Cooperative projects for providing technical assistance to facilities with difficulty caring for residents who display behaviors that are viewed as abusive or disruptive
- Gentlecare programs
- Planning grants for entities preparing to submit proposals for the future RFPs for implementing a long term care model in a specific community. (Receipt of a LTC Innovations grant does not guarantee that the community will be selected as a model implementation site.)
- Any other innovative long term care initiatives

3. Funding Available for this Initiative

Innovative projects for individuals who are elderly and for adults with disabilities: \$5,393,000.

4. Project Narrative

5 points

a. Needs Statement (up to 2 pages)

The needs statement is a concise, descriptive statement of the problem(s) and identification of the needs to be addressed by the project. The needs statement should describe the long term care population(s) targeted service area and current status. Applicants should describe existing capacities and activities. Current capacity and challenges to provide appropriate care and relevant relationships and coordination that currently exist. Applicants may wish to include a map of the service area in Appendix A, pinpointing the location of service areas and service providers.

Review Criteria: Does the needs statement demonstrate a relationship to the current challenges established by the Long Term Care Work Group? Has a description of the community, including demographic information been included? Have the service area and target population(s) been described? Have current efforts been described? Do formal or informal relationships exist between the various stakeholders? What service improvements or coordination efforts have been attempted? If so, were they successful? What barriers exist? Has a map of the target area been included?

b. Project Description and Work Plan (up to 8 pages)

25 points

This section should discuss the overall goals and objectives of the project and specific activities that will be undertaken using the funds requested in the application. Applicants should describe what the project will do, who will be doing it, who will be in charge and how the activities contribute to the overall project goals. They should also describe how the project is intended to meet the identified need(s) and how it will improve the long term care system.

Applicants must include a work plan that states the project's goals, objectives, tasks, staff assigned, hours or level of effort required, and anticipated completion dates in Appendix B. The project goal(s) should be a broad statement of purpose. Project objectives should be time-limited and measurable. Project activities should indicate who will carry them out, as well as the time frame in which they will occur.

Review Criteria: Are the project goals clear? Are the objectives measurable? Does the project incorporate a person-centered approach to meeting the needs of individuals, families and communities for planning for successful aging and providing long term care? Are target populations described? Does the project include a high degree of innovation? Is there a commitment to improving access to care, the quality of care and quality of life? Does the approach proposed adhere to the guiding principles established by the Long Term Care Work Group? Does the project have potential for broader application and integration into long term care reform? Have associated time frames been included? Does the project address the identified need? Does the project improve the LTC system? How?

c. Organizational Capability (up to 3 pages)

10 points

Applicants must describe the applicant organization's experience and capacity to carry out the project. Applicants should also include a brief discussion of the level of commitment in staff resources that will be needed, roles of key staff involved in the project and describe staff responsible for overseeing the project. Applicants should include position descriptions and/or resumes of key personnel in Appendix C.

Review Criteria

What is the applicant organization's capacity to carry out the project? Will the activities be implemented by responsible parties? Have key staff been identified? Are position descriptions/biographical sketches included in the Appendix?

d. Collaboration (up to 2 pages)

15 points

This section of the narrative should contain a thorough description of the relationships that have developed or will develop as a result of the project. Applicants should identify key partners, their role and responsibilities, as well as the benefits they will accrue from the project. Applicants should describe how the community stakeholders, LTC beneficiaries and their families participated in the development of this proposal and the roles they will play in its implementation. A list of partners should be included in Appendix D and letters of collaboration from consumers, long-term care providers and other stakeholders, should be included in Appendix E. Mechanisms for communicating information about the project with the community should be explained.

Review Criteria: Have key partnerships been identified? Has a list of partners and letters of collaboration (as defined in the definitions section of this RFP) from consumers, long-term care providers and other stakeholders been included? How are LTC beneficiaries, their families and communities involved in planning and implementing the project? How will they be kept informed about the project?

e. Matching Funds (1 page)

5 points

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f. Project Sustainability (up to 2 pages)

10 points

Applicants should describe the long-term impact of the project on the need(s) identified. Applicants should identify whether additional funding will be needed to support the project and its activities after LTC grant support ceases. If so, applicants should discuss what anticipated funding will be needed and what financing strategies will be pursued.

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g. Outcome Measures and Evaluation Methods (up to 3 pages)

15 points

Applicants should discuss positive outcomes and any other measurable benefits that might be derived from the project in the form of project outcomes. Data resources and research questions should be included. Outcomes should describe the project's expected results in terms that are quantifiable and time-limited. In addition, the project should provide a narrative addressing how it will collect and analyze outcome information in a timely fashion, as well as describe why this information is a good predictor of success for the project. At a minimum applicants should be prepared to provide reports to DCH which will include: (1) quarterly progress reports on project implementation; (2) current challenges/problems; (3) demographic information regarding individuals served in the project; (4) type, amount and cost of services provided; (5) community development activities completed; and (6) outcomes of service.

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h. Budget Narrative (up to 3 pages)

15 points

(Include a budget narrative for each 12-month project period for up to a maximum of 36 months)

This section serves to identify: 1) the amount of the LTC funds requested; and 2) any cost sharing among partners. A budget narrative must also be included and should fully describe each line item, as well as the identified local match/resources. The source of the funds and how they will be used must be indicated. Include all revenues necessary to support the proposed project. Additionally, applicants should delineate how funds requested are aligned with the goals and objectives, personnel needs and other resources necessary to complete the activities of the project as detailed in the program narrative. Budgets should describe necessary resources for each 12-month project period for a maximum of 3 years.

Review Criteria: What is the financial feasibility of the project? Is the amount requested reasonable to achieve the proposed outcomes? Does cost sharing occur among partners? Are funds used in a manner that will support the achievement of the project's goals and objectives?

5. Appendices

Please attach the information requested in the Project Narrative:

- A. Map of the project area
- B. Project Work Plan
- C. Position descriptions and resumes of key personnel
- D. List of Partners
- E. Letters of Collaboration

ATTACHMENT A
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INNOVATIONS IN LONG TERM CARE
QUESTIONS SUBMISSION FORM

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INNOVATIONS IN LONG TERM CARE
QUESTIONS SUBMISSION FORM**

The Department will not respond to telephone inquiries or visits by bidders or their representatives. All questions are to be put in writing. The Long Term Care Initiative staff will respond in writing to all interested parties who have been sent this RFP. Questions and answers will also be posted on the Department's website. Questions concerning the specifications contained herein are to be submitted, in writing, not later than October 20, 2000 to:

MDCH Long Term Care Initiative
Irene Kazieczko, Director for Service Innovation and Consultation
Lewis Cass Building, 6th Floor
320 S. Walnut Street
Lansing, MI 48913

Questions may also be submitted via facsimile to 517-241-2961 or e-mail to:
kazieczko@state.mi.us.

Name: _____

Organization: _____

Address: _____

Question: _____

ATTACHMENT B

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INNOVATIONS IN LONG TERM CARE
PROPOSAL CHECK LIST**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
REQUEST FOR PROPOSAL
INNOVATIONS IN LONG TERM CARE
PROPOSAL CHECK LIST**

A separate proposal must be submitted for each funding category. Each proposal should be prepared simply and economically, providing a straightforward, concise description of the bidder's ability to meet the requirements of the RFP. Colored displays, promotional material, etc., will receive no evaluation credit. Emphasis should be on completeness and clarity of content. The proposal format must be:

- ☐ Single sided, white, 8.5 x 11-inch paper with at least a .75 inch margin
- ☐ Single spaced, using at least a 12 point font
- ☐ Number all pages

CONTENTS:

- ☐ **1. Proposal Identification Page with Authorized Signature** (Attachment C)
- ☐ **2. Table of Contents**
- ☐ **3. Executive Summary**
- ☐ **4. Project Narrative**
 - a.. Needs Statement - up to 2 pages
 - b. Project Description and Work Plan - up to 8 pages
 - c. Organizational Capability - up to 3 pages
 - d. Collaboration - up to 2 pages
 - e. Matching Funds - up to 1 page
 - f. Project Sustainability - up to 2 pages
 - g. Measurable Outcomes and Evaluation - up to 3 pages
 - h. Budget Narrative - up to 3 pages
- ☐ **5. Budget Forms**

One set of DCH Budget forms: DCH-0385 and DCH- 0386 for each 12-month period of the project, as described in Attachment D of this RFP.
- ☐ **6. Appendices for Subsections a-g: Statement of Work Project Narrative**

No page limit

 - A. Map of the project area
 - B. Project Work Plan
 - C. Position Descriptions and Resumes of Key Personnel
 - D. List of Partners
 - E. Letters of Collaboration

Proposals Due December 20, 2000 by 5:00 p.m.
Signed Original and Eight (8) copies Required, send to:

MDCH Long Term Care Initiative
Lewis Cass Building, 6th Floor
320 S. Walnut Street
Lansing, MI 48913
Attention: Irene Kazieczko

ATTACHMENT C

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INNOVATIONS IN LONG TERM CARE
PROPOSAL IDENTIFICATION PAGE**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INNOVATIONS IN LONG TERM CARE
Proposal Identification Page**

Project Title: _____

Project Description: (two sentences)

This proposal is being submitted by:

Organization Name: _____

Mailing Address: _____

City/State/Zip: _____

Federal Identification Number: _____

Name of Contact Person: _____ Position: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

This application is for the following funding category: Only one funding category per application.

- ☐ *Staff Development and Training*
- ☐ *Community Education Efforts*
- ☐ *Innovative projects for individuals who are elderly and for adults with disabilities*

Population to be targeted in this project. Check all populations targeted.

- ☐ *Adults with Disabilities*
- ☐ *People with Alzheimer's Disease and Other Dementias*
- ☐ *Older Adults Who Are Frail*
- ☐ *People at the End of Life*

Amount of Long Term Care Innovation Funds Requested in this Application: \$ _____

Amount of Match to be Provided: \$ _____

Michigan counties to be served in this project: (List counties or geographic area to be served.)

Proposed length of project: (Maximum allowable length is three years.) _____

Authorized Signature: _____ **Date:** _____

Typed Name: _____ **Position:** _____